

# Work Order ID 136083

\*136083\*

Page 1

August 28, 2015 11:32:01 AM

Item ID: D212-664-201

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Stop \*NS2\*

Item Name: Aft Crosstube - High

Start Date: 8/28/2015 Start Qty: 1.00 \*1\*

Cust Item ID:

Required Date: 9/11/2015 Req'd Qty: 1.00 \*1\*

Customer:

Reference:

Approvals: Process Plan 20150828 Date: *SK*

Tooling:

Date:

Run Start \*NR1\*

QC: Date:

SPC (Y/N):

Date:

Stop \*NR2\*

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

| Draw Nbr     | Revision Nbr |
|--------------|--------------|
| D212-664-241 | E            |
| DSI9563      | B            |

*MCS*

100 Document Control 0.00

\*100\*

DC Memo 0.00

Doc.Control -USB or Paperwork Photocopy bluefile and create labels as per PPP D212-664-201 CHG006

*MCS 15-11-26*

110 Pick Kit 0.00

\*110\*

Packaging Memo 0.00

Packaging

*Jtk 15-10-21*

D212-664-201/136083

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                 |  |  |  |                                 |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-----------------------|-------------------------------------------------|--|--|--|---------------------------------|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                               |  |                       |                                                 |  |  |  |                                 |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  | MRB (QSI042) Approval |                                                 |  |  |  |                                 |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |  |                       | Completed By                                    |  |  |  |                                 |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       | Lead hand / Supervisor<br>Approval Verification |  |  |  |                                 |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                 |  |  |  | QC / QA Coordinator<br>Approval |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                 |  |  |  |                                 |
| <b>Root Cause</b>                                            |                                                | <b>FAULT CATEGORY</b>                                                                                                                                                              |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                 |  |  |  |                                 |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Positioned Wrong <input type="checkbox"/>     |  |                       |                                                 |  |  |  |                                 |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Outside Dimensions <input type="checkbox"/>   |  |                       |                                                 |  |  |  |                                 |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Over/Under tolerance <input type="checkbox"/> |  |                       |                                                 |  |  |  |                                 |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Incorrect <input type="checkbox"/>       |  |                       |                                                 |  |  |  |                                 |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Part Lost/Missing <input type="checkbox"/>    |  |                       |                                                 |  |  |  |                                 |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Part Moved <input type="checkbox"/>           |  |                       |                                                 |  |  |  |                                 |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Drawing <input type="checkbox"/>              |  |                       |                                                 |  |  |  |                                 |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Finish <input type="checkbox"/>               |  |                       |                                                 |  |  |  |                                 |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Misread <input type="checkbox"/>              |  |                       |                                                 |  |  |  |                                 |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Turning Sequence <input type="checkbox"/>     |  |                       |                                                 |  |  |  |                                 |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> | OTHER : _____                                                                                                                                                                      |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                 |  |  |  |                                 |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                 |  |  |  |                                 |

**Work Order ID 136083****\*136083\***

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August 28, 2015 11:32:01 AM

Item ID: D212-664-201

Accept

**\*N19000040100\***Setup Start **\*NS1\***

Revision ID:

Item Name: Aft Crosstube - High

Stop **\*NS2\***

Start Date: 8/28/2015 Start Qty: 1.00

**\*1\***

Cust Item ID:

Required Date: 9/11/2015 Req'd Qty: 1.00

**\*1\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***Stop **\*NR2\***

| Sequence ID/<br>Work Center ID                     | Operation<br>Description                                                                                                                      | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp                                |
|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|-----------------------------------------------|
| 120                                                | BENDING MACHINE - CROSSTUBES                                                                                                                  | 0.00                 |         |        |              |               |               |                  |                                               |
| <b>*120*</b><br>CNC Bend 2<br>CNC Alpha 160 Bender | <b>Memo</b><br>***VERF SET-UP BEFORE BENDING BY: <u>ATW</u> ***<br><br>Bend tube as per Dwg D212-664-241 using CNC bender program 212-<br>aft | 0.03                 |         |        |              |               |               |                  | <u>ATW</u> <u>15-10-21</u>                    |
| 130                                                | QC15- Crosstube Dimensional Check                                                                                                             | 0.00                 |         |        |              |               |               |                  |                                               |
| <b>*130*</b><br>QC<br>Quality Control              | <b>Memo</b>                                                                                                                                   | 0.00                 |         |        |              |               |               |                  | <u>t</u> <u>15-10-26</u><br>DAS<br>38<br>9-89 |

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                              |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Step #: _____                                                                                                                                                                      | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | MRB (QS1042) Approval                        |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                    | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Completed By                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Lead hand / Supervisor Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | QC / QA Coordinator Approval                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                              |  |
| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>             Environment <input type="checkbox"/><br/>             Design <input type="checkbox"/><br/>             Doc/Data <input type="checkbox"/><br/>             Equip/Tooling <input type="checkbox"/><br/>             Handling/Pre <input type="checkbox"/><br/>             Material <input type="checkbox"/><br/>             Internal Transport <input type="checkbox"/><br/>             Tribal Knowledge <input type="checkbox"/><br/>             LOA <input type="checkbox"/><br/>             Substation <input type="checkbox"/><br/>             Past Expiry Date <input type="checkbox"/><br/>             Misidentified <input type="checkbox"/> </div> <div>             No Re-verification <input type="checkbox"/><br/>             Operator <input type="checkbox"/><br/>             Offset/Setup <input type="checkbox"/><br/>             Supplier <input type="checkbox"/><br/>             Training <input type="checkbox"/><br/>             Use for Testing <input type="checkbox"/><br/>             Poor Information <input type="checkbox"/><br/>             Rushing <input type="checkbox"/><br/>             Product Improvement <input type="checkbox"/><br/>             Process Improvement <input type="checkbox"/><br/>             Manufacturing Process <input type="checkbox"/><br/>             Past Due <input type="checkbox"/> </div> </div> |                                                                                                                                                                                    | <b>FAULT CATEGORY</b><br><div style="display: flex; justify-content: space-between;"> <div>             Pressure/Forced <input type="checkbox"/><br/>             Bending <input type="checkbox"/><br/>             Centre Not Concentric <input type="checkbox"/><br/>             Cracks <input type="checkbox"/><br/>             Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>             Cuffs <input type="checkbox"/><br/>             Crushing <input type="checkbox"/><br/>             Heat Treat <input type="checkbox"/><br/>             Wave/Twist in Tube <input type="checkbox"/><br/>             Marks/Chatter <input type="checkbox"/> </div> <div>             Temperature/Cure <input type="checkbox"/><br/>             Set-up <input type="checkbox"/><br/>             BOM/Route <input type="checkbox"/><br/>             Broken/Damage/Defect <input type="checkbox"/><br/>             Inspection Incomplete/Unqualified <input type="checkbox"/><br/>             Contamination <input type="checkbox"/><br/>             Countersink <input type="checkbox"/><br/>             Cut Too Short <input type="checkbox"/><br/>             Instructions Incomplete/Unclear <input type="checkbox"/><br/>             Drill Holes <input type="checkbox"/> </div> <div>             Power Loss/Surge <input type="checkbox"/><br/>             Folio/Program <input type="checkbox"/><br/>             Grain <input type="checkbox"/><br/>             Weld <input type="checkbox"/><br/>             Wrong Stock Pulled <input type="checkbox"/><br/>             Out of Sequence <input type="checkbox"/><br/>             Off-set <input type="checkbox"/><br/>             Mislabeled <input type="checkbox"/><br/>             Fit/Function <input type="checkbox"/><br/>             Misaligned/off center <input type="checkbox"/> </div> <div>             Positioned Wrong <input type="checkbox"/><br/>             Outside Dimensions <input type="checkbox"/><br/>             Over/Under tolerance <input type="checkbox"/><br/>             Part Incorrect <input type="checkbox"/><br/>             Part Lost/Missing <input type="checkbox"/><br/>             Part Moved <input type="checkbox"/><br/>             Drawing <input type="checkbox"/><br/>             Finish <input type="checkbox"/><br/>             Misread <input type="checkbox"/><br/>             Turning Sequence <input type="checkbox"/> </div> </div> |  |                                              |  |
| OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                              |  |

**Work Order ID 136083**

August 28, 2015 11:32:01 AM

**\*136083\***

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Item ID: D212-664-201

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Item Name: Aft Crosstube - High

Stop **\*NS2\***

Start Date: 8/28/2015 Start Qty: 1.00

**\*1\***

Cust Item ID:

Required Date: 9/11/2015 Req'd Qty: 1.00

**\*1\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***  
Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 140                            | Crosstubes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0.00                 |         |        |              |               |               |                  |                |
| <b>*140*</b>                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |         |        |              |               |               |                  |                |
| Crosstubes                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 0.02                 |         |        |              |               |               |                  |                |
| Crosstubes                     | <b>Memo</b><br>1-Drill pilot holes in tube as per Dwg D212-664-241 using drill Jig DT8550,<br>DT8551, drill table DT8577 and locate tower holes #8 as per QSI0010.<br><br>2-Ream hole to finish size in tube as per Dwg D212-664-241 using drill Jig<br>DT8550 & DT8551. Check dimensions between holes, both sides on both cuffs,<br>to ensure alignment with saddle holes.<br><br>3-Scribe part # and batch # using vibrating stylus as per Dwg D212-664-<br>241<br><br>4- ***WEAR LATEX GLOVES HANDLIND CROSSTUBE.*** Deburr &<br>Inspect for surface damage. Repair damage within limits as per Dwg D212-664-<br>241 |                      |         |        |              |               |               |                  |                |
| 150                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 0.00                 |         |        |              |               |               |                  |                |
| <b>*150*</b>                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |         |        |              |               |               |                  |                |
| HandFXtube                     | <b>Memo</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 0.00                 |         |        |              |               |               |                  |                |
| Hand Finishing Crosstubes      | ***IMMEDIATELY AFTER GRINDING***<br><br>1- PRESSURE WASH X-TUBE INSIDE AND OUT<br><br>2- ALODINE AND ACID ETCH X-TUBE INSIDE AND OUT AS PER QSI005.                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |         |        |              |               |               |                  |                |

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                                 |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                             | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                           | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                           |                                 |                                   |                                                 |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
| Date :                                                       |                                             | Step #:                                                                                                                                                                            |                                           | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   | MRB (QS1042) Approval                           |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
| Description Work Order Deviation                             |                                             |                                                                                                                                                                                    |                                           | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                           |                                 |                                   | Completed By                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                                 |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   | Lead hand / Supervisor<br>Approval Verification |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   | QC / QA Coordinator<br>Approval                 |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
| Root Cause                                                   |                                             | FAULT CATEGORY                                                                                                                                                                     |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                                 |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Positioned Wrong <input type="checkbox"/> | Design <input type="checkbox"/> | Operator <input type="checkbox"/> | Bending <input type="checkbox"/>                | Set-up <input type="checkbox"/> | Folio/Program <input type="checkbox"/> | Outside Dimensions <input type="checkbox"/> | Doc/Data <input type="checkbox"/> | Offset/Setup <input type="checkbox"/> | Centre Not Concentric <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | Grain <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> | Equip/Tooling <input type="checkbox"/> | Supplier <input type="checkbox"/> | Cracks <input type="checkbox"/> | Broken/Damage/Defect <input type="checkbox"/> | Weld <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Handling/Pre <input type="checkbox"/> | Training <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Material <input type="checkbox"/> | Use for Testing <input type="checkbox"/> | Cuffs <input type="checkbox"/> | Contamination <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | Part Moved <input type="checkbox"/> | Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/> | Crushing <input type="checkbox"/> | Countersink <input type="checkbox"/> | Off-set <input type="checkbox"/> | Drawing <input type="checkbox"/> | Tribal Knowledge <input type="checkbox"/> | Rushing <input type="checkbox"/> | Heat Treat <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Finish <input type="checkbox"/> | LOA <input type="checkbox"/> | Product Improvement <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Fit/Function <input type="checkbox"/> | Misread <input type="checkbox"/> | Substation <input type="checkbox"/> | Process Improvement <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/> | Past Expiry Date <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> | OTHER : _____ |  |  |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>           |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                                 |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |

**Work Order ID 136083****\*136083\***

Page 4

Item ID: D212-664-201

Accept

**\*N1900040100\***Setup Start **\*NS1\***

Revision ID:

Item Name: Aft Crosstube - High

Stop **\*NS2\***

Start Date: 8/28/2015 Start Qty: 1.00

**\*1\***

Cust Item ID:

Required Date: 9/11/2015 Req'd Qty: 1.00

**\*1\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                         | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 160                            | QC7-Inspect Chemical Conversion Coat             | 0.00                 |         |        |              |               |               |                  |                |
| <b>*160*</b>                   |                                                  |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                             | 0.00                 |         |        |              | 1             |               |                  | EB<br>15-11-02 |
| Quality Control                |                                                  |                      |         |        |              |               |               |                  |                |
| 170                            | QC5-Inspect part completeness to step on W/Q     | 0.00                 |         |        |              |               |               |                  |                |
| <b>*170*</b>                   |                                                  |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                             | 0.00                 |         |        |              |               |               |                  |                |
| Quality Control                |                                                  |                      |         |        |              |               |               |                  |                |
| 180                            | Outsource process - NDT per QSI038 4.1           | 0.00                 |         |        |              |               |               |                  |                |
| <b>*180*</b>                   |                                                  |                      |         |        |              |               |               |                  |                |
| Outsource2                     | Memo                                             | 2.00                 |         |        |              |               |               |                  |                |
| Outsource process - NDT        | ***WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE.*** |                      |         |        |              |               |               |                  |                |
|                                | Liquid Penetrant Inspection as per QSI 038       |                      |         |        |              |               |               |                  |                |
|                                | Issue P/O: 30474                                 |                      |         |        |              |               |               |                  |                |
|                                | LPI as per ASTM 1417 Level 2                     |                      |         |        |              |               |               |                  |                |
|                                | Attach copy of NDT results to work order         |                      |         |        |              |               |               |                  |                |

CZ NOV 12 2015 1

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |                                                                                                                                                     |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                       |  |  |                                                                                                                                                     |  |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  | MRB (QS1042) Approval<br><br><br>Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |                                                                                                                                                     |  |  |
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| <b>Root Cause</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div>           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |  | <b>FAULT CATEGORY</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div>           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> </div> |  | <div style="display: flex; justify-content: space-between;"> <div>           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Misabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div>           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |  |                                                                                                                                                     |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |                                                                                                                                                     |  |  |



**Work Order ID 136083****\*136083\***

Page 5

Item ID: D212-664-201

Accept

**\*N19000040100\***Setup Start **\*NS1\***

Revision ID:

Item Name: Aft Crosstube - High

Stop **\*NS2\***

Start Date: 8/28/2015 Start Qty: 1.00

**\*1\***

Cust Item ID:

Required Date: 9/11/2015 Req'd Qty: 1.00

**\*1\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***Stop **\*NR2\***

| Sequence ID/<br>Work Center ID                | Operation<br>Description                                                                                                                                                             | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp                                   |
|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|--------------------------------------------------|
| 190<br><b>*190*</b><br>Packaging<br>Packaging | Receive & Inspect for Damage & Mat'l Certs<br>Packaging<br><br>Memo<br>***WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE.***<br><br>Ensure copy of NDT results attached to work order.    | 0.00<br><br>0.00     |         |        |              |               |               |                  | <u>IX SPIS-11-12</u>                             |
| 200<br><b>*200*</b><br>QC<br>Quality Control  | QC5- Inspect part completeness to step on W/O<br><br>Memo<br>***WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE.***<br><br>Inspect for damage & ensure results are as per Dwg D212-664-241 | 0.00<br><br>0.00     |         |        |              |               |               |                  | <u>1</u><br><br>DAS<br>38<br>9-89<br>NOV 12 2015 |

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                              |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-----------------------|----------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                               |  |                       |                                              |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  | MRB (QS1042) Approval |                                              |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |  |                       | Completed By                                 |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       | Lead hand / Supervisor Approval Verification |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       | QC / QA Coordinator Approval                 |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                              |  |
| <b>Root Cause</b>                                            |                                                | <b>FAULT CATEGORY</b>                                                                                                                                                              |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                              |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Positioned Wrong <input type="checkbox"/>     |  |                       |                                              |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Outside Dimensions <input type="checkbox"/>   |  |                       |                                              |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Over/Under tolerance <input type="checkbox"/> |  |                       |                                              |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Incorrect <input type="checkbox"/>       |  |                       |                                              |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Part Lost/Missing <input type="checkbox"/>    |  |                       |                                              |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Part Moved <input type="checkbox"/>           |  |                       |                                              |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Drawing <input type="checkbox"/>              |  |                       |                                              |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Finish <input type="checkbox"/>               |  |                       |                                              |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Misread <input type="checkbox"/>              |  |                       |                                              |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Turning Sequence <input type="checkbox"/>     |  |                       |                                              |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> | OTHER : _____                                                                                                                                                                      |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                              |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                              |  |

# Work Order ID 136083

August 28, 2015 11:32:01 AM

**\*136083\***

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Item ID: D212-664-201 Accept **\*N900040100\*** Setup Start **\*NS1\***  
 Revision ID: Stop **\*NS2\***  
 Item Name: Aft Crosstube - High  
 Start Date: 8/28/2015 Start Qty: 1.00 **\*1\*** Cust Item ID:  
 Required Date: 9/11/2015 Req'd Qty: 1.00 **\*1\*** Customer:  
 Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID                      | Operation<br>Description                                                                                    | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp                   |
|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------------------------|
| 210<br><b>*210*</b><br>SprayPaint<br>Spray Painting | Spray Painting per QSI005 4.2<br>SprayPaint<br><br>Memo<br>*** WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE*** | 0.00<br><br>0.01     |         |        |              | 1             |               |                  | DAS<br>41<br>9-89<br>15-11-17    |
|                                                     | 1-Prime inside & outside crosstube as per QSI 005 4.2<br>BATCH: <u>133084</u>                               |                      |         |        |              |               |               |                  |                                  |
|                                                     | 2- After painting remove masking and apply matte clear coat per QSI005 4.2<br>BATCH: <u>132664</u>          |                      |         |        |              |               |               |                  |                                  |
|                                                     | 3- MASK UNDERSIDE OF CROSSTUBE AS SHOWN ON DWG BEFORE PAINTING                                              |                      |         |        |              |               |               |                  |                                  |
|                                                     | 4 -Paint Outside of Tube as per Dart QSI 005 4.2<br>BATCH: <u>133325</u>                                    |                      |         |        |              |               |               |                  |                                  |
| 220<br><b>*220*</b><br>QC<br>Quality Control        | QC14- Inspect Spray Paint<br><br>Memo<br>Then, Wrap in plastic bag to protect from scratches                | 0.00<br><br>0.00     |         |        |              | 1             |               |                  | DAS<br>38<br>9-89<br>NOV 23-2015 |

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                             | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                           | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                           |                                 |                                   |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
| Date :                                                       |                                             | Step #:                                                                                                                                                                            |                                           | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 | MRB (QSI042) Approval             |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
| Description Work Order Deviation                             |                                             |                                                                                                                                                                                    |                                           | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                           |                                 |                                   | Completed By                                 |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   | Lead hand / Supervisor Approval Verification |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   | QC / QA Coordinator Approval                 |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
| Root Cause                                                   |                                             | FAULT CATEGORY                                                                                                                                                                     |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Positioned Wrong <input type="checkbox"/> | Design <input type="checkbox"/> | Operator <input type="checkbox"/> | Bending <input type="checkbox"/>             | Set-up <input type="checkbox"/> | Folio/Program <input type="checkbox"/> | Outside Dimensions <input type="checkbox"/> | Doc/Data <input type="checkbox"/> | Offset/Setup <input type="checkbox"/> | Centre Not Concentric <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | Grain <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> | Equip/Tooling <input type="checkbox"/> | Supplier <input type="checkbox"/> | Cracks <input type="checkbox"/> | Broken/Damage/Defect <input type="checkbox"/> | Weld <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Handling/Pre <input type="checkbox"/> | Training <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Material <input type="checkbox"/> | Use for Testing <input type="checkbox"/> | Cuffs <input type="checkbox"/> | Contamination <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | Part Moved <input type="checkbox"/> | Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/> | Crushing <input type="checkbox"/> | Countersink <input type="checkbox"/> | Off-set <input type="checkbox"/> | Drawing <input type="checkbox"/> | Tribal Knowledge <input type="checkbox"/> | Rushing <input type="checkbox"/> | Heat Treat <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Finish <input type="checkbox"/> | LOA <input type="checkbox"/> | Product Improvement <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Fit/Function <input type="checkbox"/> | Misread <input type="checkbox"/> | Substation <input type="checkbox"/> | Process Improvement <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/> | Past Expiry Date <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> | OTHER : |  |  |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>           |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |

# Work Order ID 136083

**\*136083\***

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August 28, 2015 11:32:01 AM

Item ID: D212-664-201      Accept      **\*N900040100\***      Setup Start **\*NS1\***  
Revision ID:      Stop **\*NS2\***  
Item Name: Aft Crosstube - High  
Start Date: 8/28/2015      Start Qty: 1.00      \*1\*      Cust Item ID:  
Required Date: 9/11/2015      Req'd Qty: 1.00      \*1\*      Customer:  
Reference:

Approvals:      Process Plan:      Date:      Tooling:      Date:      Run Start **\*NR1\***  
QC:      Date:      SPC (Y/N):      Date:      Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                                                                                                         | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 230                            |                                                                                                                                  | 0.00                 |         |        |              |               |               |                  | DAS            |
| <b>*230*</b>                   | Crosstubes                                                                                                                       |                      |         |        |              | 1             |               |                  | 41             |
| Crosstubes                     |                                                                                                                                  |                      |         |        |              |               |               |                  | 9-89           |
| Crosstubes                     | <b>Memo</b>                                                                                                                      | 0.01                 |         |        |              |               |               |                  | 15-11-19       |
|                                | 1- Abrade mating surfaces of support and crosstube with 180 grit sandpaper, clean the area with MEK or equivalent as per dwg     |                      |         |        |              |               |               |                  |                |
|                                | 2- Install supports with Proseal 890 per D212-664-241 and QSI 015                                                                |                      |         |        |              |               |               |                  |                |
|                                | A/R Proseal 890 Batch: 133071                                                                                                    |                      |         |        |              |               |               |                  |                |
|                                | EXP: 2/16                                                                                                                        |                      |         |        |              |               |               |                  |                |
|                                | PROSEAL CURE TIME 72 HOURS:                                                                                                      |                      |         |        |              |               |               |                  |                |
|                                | Start: 15-11-19                                                                                                                  |                      |         |        |              |               |               |                  |                |
|                                | Finish: 15-11-22                                                                                                                 |                      |         |        |              |               |               |                  |                |
|                                | 3- Install clamps with rubber cushion (ENSURE CLAMPS ARE INSTALL ON TOP SIDE OF CROSSTUBE) using DT9565 as per Dwg D212-664-241. |                      |         |        |              |               |               |                  |                |
|                                | ***Torque all clamps to 80-100 IN-LBS.***                                                                                        |                      |         |        |              |               |               |                  |                |
| 240                            | QC5- Inspect part completeness to step on W/O                                                                                    | 0.00                 |         |        |              |               |               |                  | DAS            |
| <b>*240*</b>                   |                                                                                                                                  |                      |         |        |              | 1             |               |                  | 38             |
| QC                             |                                                                                                                                  |                      |         |        |              |               |               |                  | 9-89           |
| Quality Control                | <b>Memo</b>                                                                                                                      | 0.00                 |         |        |              |               |               |                  | NOV 23 2015    |
|                                | ***RE-CHECK TORCQUE ON CLAMP AFTER PROSEAL HAS CURED FOR 72HOURS AS PER DWG.***                                                  |                      |         |        |              |               |               |                  |                |

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                             | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                           | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                           |                                 |                                   |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
| Date :                                                       |                                             | Step #:                                                                                                                                                                            |                                           | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 | MRB (QSI042) Approval             |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
| Description Work Order Deviation                             |                                             |                                                                                                                                                                                    |                                           | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                           |                                 |                                   | Completed By                                 |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   | Lead hand / Supervisor Approval Verification |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   | QC / QA Coordinator Approval                 |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
| Root Cause                                                   |                                             | FAULT CATEGORY                                                                                                                                                                     |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Positioned Wrong <input type="checkbox"/> | Design <input type="checkbox"/> | Operator <input type="checkbox"/> | Bending <input type="checkbox"/>             | Set-up <input type="checkbox"/> | Folio/Program <input type="checkbox"/> | Outside Dimensions <input type="checkbox"/> | Doc/Data <input type="checkbox"/> | Offset/Setup <input type="checkbox"/> | Centre Not Concentric <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | Grain <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> | Equip/Tooling <input type="checkbox"/> | Supplier <input type="checkbox"/> | Cracks <input type="checkbox"/> | Broken/Damage/Defect <input type="checkbox"/> | Weld <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Handling/Pre <input type="checkbox"/> | Training <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Material <input type="checkbox"/> | Use for Testing <input type="checkbox"/> | Cuffs <input type="checkbox"/> | Contamination <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | Part Moved <input type="checkbox"/> | Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/> | Crushing <input type="checkbox"/> | Countersink <input type="checkbox"/> | Off-set <input type="checkbox"/> | Drawing <input type="checkbox"/> | Tribal Knowledge <input type="checkbox"/> | Rushing <input type="checkbox"/> | Heat Treat <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Finish <input type="checkbox"/> | LOA <input type="checkbox"/> | Product Improvement <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Fit/Function <input type="checkbox"/> | Misread <input type="checkbox"/> | Substation <input type="checkbox"/> | Process Improvement <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/> | Past Expiry Date <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> | OTHER : |  |  |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>           |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |

**Work Order ID 136083**

August 28, 2015 11:32:01 AM

**\*136083\***

Page 8

Item ID: D212-664-201

Accept

**\*N900040100\***

Setup Start

**\*NS1\***

Revision ID:

Stop

**\*NS2\***

Item Name: Aft Crosstube - High

Start Date: 8/28/2015 Start Qty: 1.00

**\*1\***

Cust Item ID:

Required Date: 9/11/2015 Req'd Qty: 1.00

**\*1\***

Customer:

Reference:

Approvals:

Process Plan: \_\_\_\_\_

Date: \_\_\_\_\_

Tooling: \_\_\_\_\_

Date: \_\_\_\_\_

Run Start

**\*NR1\***

QC: \_\_\_\_\_

Date: \_\_\_\_\_

SPC (Y/N): \_\_\_\_\_

Date: \_\_\_\_\_

Stop

**\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                               | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 250                            | Pick Kit                                               | 0.00                 |         |        |              |               |               |                  |                |
| <b>*250*</b>                   |                                                        |                      |         |        |              |               |               |                  |                |
| Packaging                      | Memo                                                   | 0.00                 |         |        |              |               |               |                  |                |
| Packaging                      |                                                        |                      |         |        |              |               |               |                  |                |
| 260                            | QC4- 100% Inspect kits for completeness                | 0.00                 |         |        |              |               |               |                  |                |
| <b>*260*</b>                   |                                                        |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                                   | 0.00                 |         |        |              |               |               |                  |                |
| Quality Control                |                                                        |                      |         |        |              |               |               |                  |                |
| 270                            | Packaging                                              | 0.00                 |         |        |              |               |               |                  |                |
| <b>*270*</b>                   |                                                        |                      |         |        |              |               |               |                  |                |
| Packaging                      | Memo                                                   | 0.00                 |         |        |              |               |               |                  |                |
| Packaging                      | Identify and pack for shipping as per PPP D212-664-201 |                      |         |        |              |               |               |                  |                |
|                                | Location : FG093                                       |                      |         |        |              |               |               |                  |                |

MCJ 15-11-23

IX DAS 28 9-89 NOV 23 2015

SMB 15/11/26

1FG098

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                              |                                                                                                                                                                                    |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                           |                                                |                                                 |                                                            |                                             |                                             |                                   |                                              |                                                |                                                          |                                          |                                               |
|--------------------------------------------------------------|----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------|------------------------------------------------|-------------------------------------------------|------------------------------------------------------------|---------------------------------------------|---------------------------------------------|-----------------------------------|----------------------------------------------|------------------------------------------------|----------------------------------------------------------|------------------------------------------|-----------------------------------------------|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                              | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                               | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                           |                                           |                                                |                                                 |                                                            |                                             |                                             |                                   |                                              |                                                |                                                          |                                          |                                               |
| Date :                                                       |                                              | Step #:                                                                                                                                                                            |                                               | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                           | MRB (QS1042) Approval                          |                                                 |                                                            |                                             |                                             |                                   |                                              |                                                |                                                          |                                          |                                               |
| Description Work Order Deviation                             |                                              |                                                                                                                                                                                    |                                               | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                           |                                                | Completed By                                    |                                                            |                                             |                                             |                                   |                                              |                                                |                                                          |                                          |                                               |
|                                                              |                                              |                                                                                                                                                                                    |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                           |                                                | Lead hand / Supervisor Approval Verification    |                                                            |                                             |                                             |                                   |                                              |                                                |                                                          |                                          |                                               |
|                                                              |                                              |                                                                                                                                                                                    |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                           |                                                |                                                 |                                                            |                                             |                                             |                                   |                                              |                                                |                                                          |                                          |                                               |
|                                                              |                                              |                                                                                                                                                                                    |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                           |                                                | QC / QA Coordinator Approval                    |                                                            |                                             |                                             |                                   |                                              |                                                |                                                          |                                          |                                               |
| <b>Root Cause</b>                                            |                                              | <b>FAULT CATEGORY</b>                                                                                                                                                              |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                           |                                                |                                                 |                                                            |                                             |                                             |                                   |                                              |                                                |                                                          |                                          |                                               |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>  | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>     | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Positioned Wrong <input type="checkbox"/> | Design <input type="checkbox"/>           | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>      | Outside Dimensions <input type="checkbox"/> | Doc/Data <input type="checkbox"/> | Offset/Setup <input type="checkbox"/>        | Centre Not Concentric <input type="checkbox"/> | BOM/Route <input type="checkbox"/>                       | Grain <input type="checkbox"/>           | Over/Under tolerance <input type="checkbox"/> |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>            | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/> | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Part Incorrect <input type="checkbox"/>   | Handling/Pre <input type="checkbox"/>     | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/>  | Material <input type="checkbox"/> | Use for Testing <input type="checkbox"/>     | Cuffs <input type="checkbox"/>                 | Contamination <input type="checkbox"/>                   | Out of Sequence <input type="checkbox"/> | Part Moved <input type="checkbox"/>           |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>    | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>          | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Drawing <input type="checkbox"/>          | Tribal Knowledge <input type="checkbox"/> | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>             | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>         | Finish <input type="checkbox"/>             | LOA <input type="checkbox"/>      | Product Improvement <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/>    | Instructions Incomplete/Unclear <input type="checkbox"/> | Fit/Function <input type="checkbox"/>    | Misread <input type="checkbox"/>              |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>          | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Turning Sequence <input type="checkbox"/> | Past Expiry Date <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> | OTHER : _____                                   |                                                            |                                             |                                             |                                   |                                              |                                                |                                                          |                                          |                                               |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>            |                                                                                                                                                                                    |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                           |                                                |                                                 |                                                            |                                             |                                             |                                   |                                              |                                                |                                                          |                                          |                                               |



**Work Order ID 136083****\*136083\***

Page 9

Item ID: D212-664-201

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Item Name: Aft Crosstube - High

Stop **\*NS2\***

Start Date: 8/28/2015 Start Qty: 1.00

**\*1\***

Cust Item ID:

Required Date: 9/11/2015 Req'd Qty: 1.00

**\*1\***

Customer:

Reference:

Approvals:

Process Plan: \_\_\_\_\_

Date: \_\_\_\_\_

Tooling: \_\_\_\_\_

Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_

Date: \_\_\_\_\_

SPC (Y/N): \_\_\_\_\_

Date: \_\_\_\_\_

Stop **\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

280

QC21- Final Inspection - Work Order Release

0.00

**\*280\***

QC

Memo

0.00

Quality Control

MLJ

15-11-26

MLJ 15-11-26

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |                       |                                                 |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |               | MRB (QSI042) Approval |                                                 |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |                       | Completed By                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |                       | Lead hand / Supervisor<br>Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |                       | QC / QA Coordinator<br>Approval                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |                       |                                                 |  |
| <b>Root Cause</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>FAULT CATEGORY</b>                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |                       |                                                 |  |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/> | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Misabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> | OTHER : _____ |                       |                                                 |  |

# Picklist Print

August 28, 2015 11:32:06 AM

Page 1

Work Order ID: 136083

**\*136083\***

Parent Item: D212-664-201

**\*D212-664-201\***

Parent Item Name: Aft Crosstube - High

Start Date: 8/28/2015

Required Date: 9/11/2015

Start Qty: 1.00

Required Qty: 1.00

## Comments:

IPP Rev:E04.02.16ReformatK/DS  
 IPP Rev:F 06-03-29 Remove Coments on Pick List JLM  
 IPP Rev:G 07-04-30 As per Rev C JLM  
 IPP Rev:H 08-05-22 up date Qty of rubber cushion DD verf:EC IPP REV:I  
 14.05.27 AS PER ECN14-570 DD VERF:JLM

| Component Item ID/<br>Item Name        | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|----------------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
| D212-664-<br>201TRNRevC                |                        | Manufactured  | No          |                     |                  | 110             | Each               | 0.0000         | 1           | 1            |               |                |        |
| *D212-664-201TRNRevC*                  |                        |               |             |                     |                  |                 |                    |                | **          |              |               |                |        |
| Crosstube Turning Detail               |                        |               |             |                     |                  |                 |                    |                |             |              |               |                |        |
| D3595-063-530                          |                        | Manufactured  | No          |                     |                  | 230             | Each               | 110.0000       | 2           | 2            |               |                |        |
| *D3595-063-530*                        |                        |               |             |                     |                  |                 |                    |                | **          |              |               |                |        |
| Rubber Cushion 0.63" wide x 5.30" Long |                        |               |             |                     |                  |                 |                    |                |             |              |               |                |        |

### Location Loc Qty Loc Code

|        |     |  |
|--------|-----|--|
| FG     | 1   |  |
| 82656  | 1   |  |
| LG051  | 109 |  |
| 115704 | 34  |  |
| 132515 | 75  |  |

D2940-1

Manufactured No

230 Each 24.0000 2

**\*D2940-1\***

Support

\*\*

DAS  
41  
9-89 15-11-19

### Location Loc Qty Loc Code

|        |    |  |
|--------|----|--|
| LG052  | 24 |  |
| 128962 | 8  |  |
| 131129 | 10 |  |
| 132754 | 6  |  |

# Picklist Print

August 28, 2015 11:32:06 AM

Page 2

Work Order ID: 136083

**\*136083\***

Parent Item: D212-664-201

**\*D212-664-201\***

Parent Item Name: Aft Crosstube - High

Start Date: 8/28/2015

Required Date: 9/11/2015

Start Qty: 1.00

Required Qty: 1.00

MS21920-28

Purchased

No

230

Each

132.0000

4

4

DAS

41

9-89

15-11-19

**\*MS21920-28\***

Clamp

\*\*

Location

Loc Qty

Loc Code

FG

1

105884

1

LG050

52

M130400

50

M130665

2

LG051

79

M132169

38

M132381

3

M132522

38

4

D3428-1

Manufactured

No

250

Each

30.0000

1

1

**\*D3428-1\***

Placard

\*\*

MLS

15-11-23

Location

Loc Qty

Loc Code

ST035

6

125453

6

ST038A

24

131156

12

133206

12

DAS  
28  
9-89

# Picklist Print

August 28, 2015 11:32:06 AM

Page 3

Work Order ID: 136083

Parent Item: D212-664-201

Parent Item Name: Aft Crosstube - High

**\*136083\***

**\*D212-664-201\***

Start Date: 8/28/2015

Required Date: 9/11/2015

Start Qty: 1.00

Required Qty: 1.00

MS21042L6

Purchased

No

250

Each

328.0000

6

6

**\*MS21042L6\***

Nut

\*\*

MLJ 15-11-23

DAS  
28  
9-89

## Location

## Loc Qty

## Loc Code

ST260a

100

m133031

100

ST273A

200

m131624

200

ST305

11

m129909

1

m132262

10

t260a

17

m131317

17

NAS1149D0663J

Purchased

No

250

Each

1,183.000

18

18

**\*NAS1149D0663J\***

Washer

\*\*

MLJ 15-11-23

DAS  
28  
9-89

## Location

## Loc Qty

## Loc Code

ST260

227

M131618

227

ST260a

889

M132256

889

ST269

67

M126334

67

AN6-40A

Purchased

No

250

Each

128.0000

4

4

**\*AN6-40A\***

3/8-24 BOLT X 3" LONG

\*\*

MLJ 15-11-23

DAS  
28  
9-89

## Location

## Loc Qty

## Loc Code

ST286A

128

M131618

28

M131803

100

August 28, 2015 11:32:06 AM

Shop Packet Print

Page 3

# Picklist Print

August 28, 2015 11:32:06 AM

Page 4

Work Order ID: 136083

**\*136083\***

Parent Item: D212-664-201

**\*D212-664-201\***

Parent Item Name: Aft Crosstube - High

Start Date: 8/28/2015

Required Date: 9/11/2015

Start Qty: 1.00

Required Qty: 1.00

AN6-41A

Purchased

No

250

Each

77.0000

2

2

**\*AN6-41A\***

Bolt

**\*\***

MLJ 15-11-23

Location

Loc Qty

Loc Code

ST286A

62

M129913

2

M131957

60

ST333

15

M131618

15

DAS  
28  
9-89



# DART SERVICE INSTRUCTION

TO AMEND INSTRUCTIONS FOR CONTINUOUS AIRWORTHINESS ICA-D212-664 Rev. 6 OR LATER

REF. CANADIAN STC: SH01-9  
REF. FAA STC: SR01298NY  
REF. EASA STC: EASA.IM.R.S.01304

## PURPOSE:

The supports on the following crosstubes are now installed using Proseal instead of Magnobond:

D212-664-101/-101B @ CHG 005  
D412-664-105 @ CHG 002  
D212-664-107/-107B @ CHG 002

D212-664-201/-201B @ CHG 005  
D212-664-207/-207B @ CHG 002

## CHANGE:

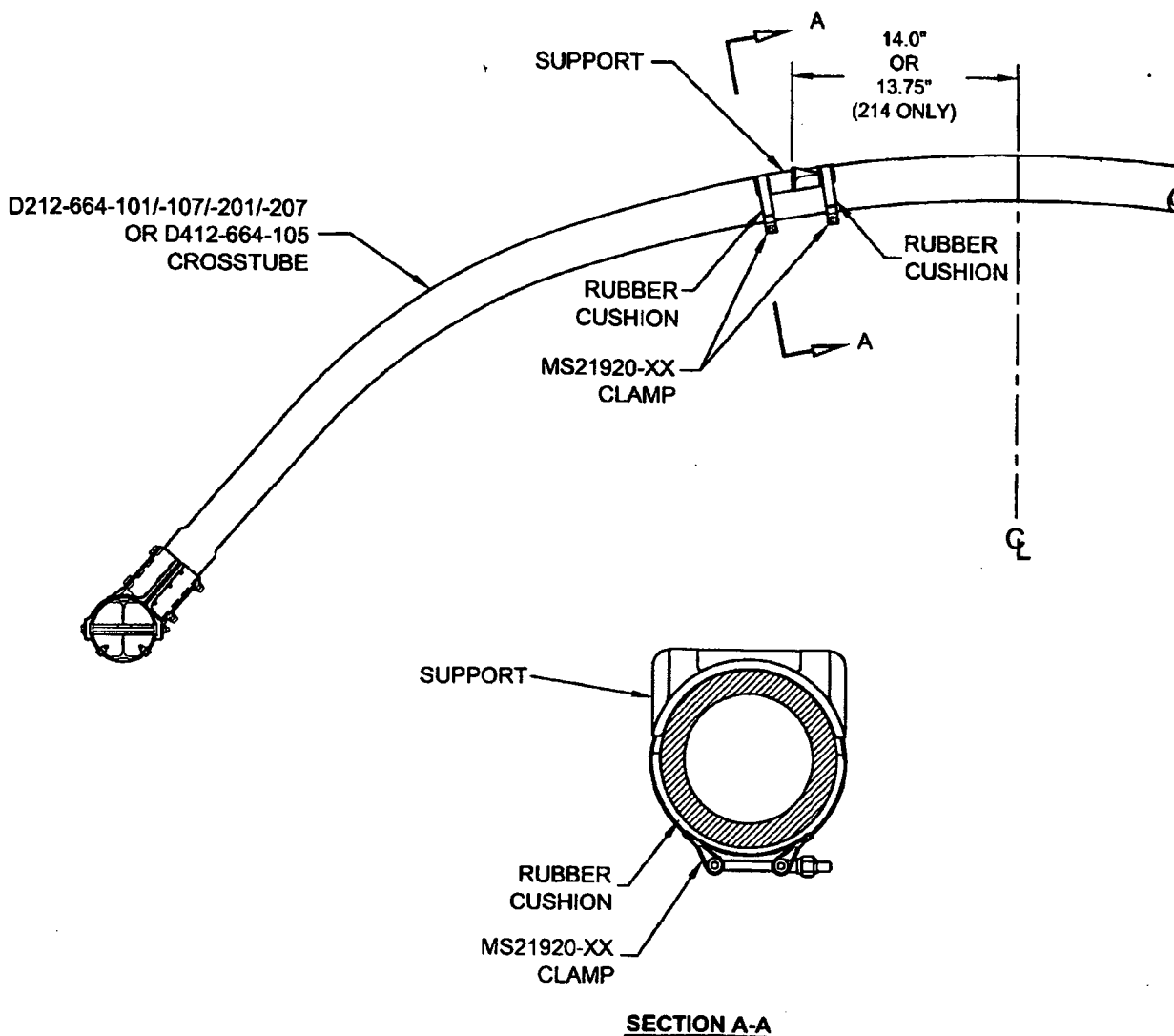
For the crosstubes listed above, section 32.4 of ICA-D212-664 is amended as follows. Use Figure 1 of this service instruction and Figures 32-2 to 32-9 of ICA-D212-664 for further reference. For crosstubes of an earlier change number, it is recommended that if the supports are removed, the supports should be reinstalled using the procedure listed below.

### 32.4 SUPPORT INSTALLATION

- 32.4.1 Locate the area on the crosstube for installation of support (see Figure 1 of this service instruction). For D212-664-101/-107/-201/-207 and D412-664-105 crosstubes, the outward face of the support tabs should be 14.0" (355mm) from the crosstube center for 204/205/210/412/UH-1 aircraft. For installation on 214B/B-1 aircraft, the outward face of the support tabs should be 13.75" (349mm). Ensure paint finish of crosstube is intact; touch up as required per Chapter 5 (5.3.9) of ICA-D212-664.
- 32.4.2 If present, remove any paint/primer on bottom of supports. Abrade mating surfaces of support and crosstube with 400-grit sandpaper. Saturate a clean cloth with MEK or 4105S Wash'n'Wipe Degreaser or equivalent and wipe until there is no residue.
- 32.4.3 Ensure a layer of 3M Scotch-Weld 2216 B/A Epoxy Adhesive is on the bottom of the support. If required, either apply or touch-up support to have a 0.03" to 0.05" thick layer of adhesive over the entire mating surface. Allow supports to cure for 24 hours.
- 32.4.4 Abrade mating surfaces of support (after cure) and crosstube with 180-grit sandpaper. Saturate a clean cloth with MEK or 4105S Wash'n'Wipe Degreaser or equivalent and wipe until there is no residue.
- 32.4.5 Apply a 0.04" to 0.07" thick layer of Proseal 890 Class B or AMS-S-8802 Class B sealant underneath applicable support and install support as shown in Figure 1 of this service instruction.
- 32.4.6 Install the clamps opposite to crosstube support as shown in section A-A of Figure 1. Install rubber cushions underneath each clamp around the bottom circumference of the crosstube up to the crosstube centerline. Torque clamps 80-100 in-lb (9.0-11.3 Nm). It is acceptable to use smaller or larger sized MS21920-XX clamps than those listed in ICA-D212-664, ensure that after torquing the clamps per this instruction, the nuts are in safety but not bottomed out
- 32.4.7 Prior to installing crosstube on aircraft, allow supports to cure for 72 hours and recheck torque on clamps.

|                                                                                                                              |          |
|------------------------------------------------------------------------------------------------------------------------------|----------|
| CANADA<br>DEPARTMENT OF TRANSPORT<br>AIRCRAFT CERTIFICATION<br>BRANCH<br>DAO # 01-Q-01                                       |          |
| APPROVED<br><br>BY: D. SHEPHERD (DE # 02) |          |
| DATE:                                                                                                                        | 11.07.20 |
| CERT. NO.:                                                                                                                   | SH01-9   |
| ISSUE NO.:                                                                                                                   | 3        |

|                    |                                                                                     |                                                                                                                                                                                                                                                                          |              |
|--------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 136083 SH 20150828 |                                                                                     |                                                                                                                                                                                                                                                                          |              |
| B                  | ADD 3M 2216 ADHESIVE TO SUPPORT                                                     | CP                                                                                                                                                                                                                                                                       | 11.07.15     |
| A                  | NEW ISSUE                                                                           | CP                                                                                                                                                                                                                                                                       | 11.06.14     |
| REV.               | DESCRIPTION                                                                         | BY                                                                                                                                                                                                                                                                       | DATE         |
| DESIGN             |  | DART AEROSPACE LTD                                                                                                                                                                                                                                                       |              |
| DRAWN              |  | HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                                              |              |
| CHECKED            | ASS                                                                                 | DRAWING NO.                                                                                                                                                                                                                                                              | REV. B       |
| MFG. APPR.         | N/A                                                                                 | DSI 9563                                                                                                                                                                                                                                                                 | SHEET 1 OF 2 |
| APPROVED           |  | TITLE                                                                                                                                                                                                                                                                    | SCALE        |
| DE APPR.           |  | SUPPORT INSTALLATION CHANGE                                                                                                                                                                                                                                              | NTS          |
| DATE               | 11.07.15                                                                            | COPYRIGHT © 2011 BY DART AEROSPACE LTD<br>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD. |              |



**FIGURE 1: SUPPORT INSTALLATION**

CANADA  
DEPARTMENT OF TRANSPORT  
AIRCRAFT CERTIFICATION  
BRANCH  
DAO # 01-O-01

APPROVED  
BY: *[Signature]*  
D. SHEPHERD (DE # 02)

DATE: 11.07.20  
CERT. NO.: SH01-9  
ISSUE NO.: 3

|            |                    |                                                                                                                                                                                                                                |              |
|------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN     | <i>Q</i>           | <b>DART AEROSPACE LTD</b>                                                                                                                                                                                                      |              |
| DRAWN      | <i>Q</i>           | HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                    |              |
| CHECKED    | <i>ASS</i>         | DRAWING NO.                                                                                                                                                                                                                    | REV. B       |
| MFG. APPR. | <i>N/A</i>         | DSI 9563                                                                                                                                                                                                                       | SHEET 2 OF 2 |
| APPROVED   | <i>[Signature]</i> | TITLE                                                                                                                                                                                                                          | SCALE        |
| DE APPR.   | <i>[Signature]</i> | SUPPORT INSTALLATION CHANGE                                                                                                                                                                                                    | NTS          |
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| Item | Qty<br>-241 | Qty<br>-241B | Part Number     | Description                           |
|------|-------------|--------------|-----------------|---------------------------------------|
| 1    | X           |              | D212-664-241    | CROSSTUBE ASSEMBLY (205/212 HIGH AFT) |
| 2    |             | X            | D212-664-241B   | CROSSTUBE ASSEMBLY (214 HIGH AFT)     |
| 3    | 1           | 1            | D6006-129       | CROSSTUBE                             |
| 4    | 2           |              | D2940-1         | SUPPORT                               |
| 5    | 4           | 4            | D3595-063-530   | RUBBER CUSHION                        |
| 6    |             | 2            | D5018-1         | SUPPORT                               |
| 7    | 4           | 4            | MS21920-28      | CLAMP (OR MS21920-30)                 |
| 8    | A/R         | A/R          | PROSEAL 890 B-2 | SEALANT, AMS-S-8802 CLASS B-2         |

#### GENERAL NOTES:

- 1) MATERIAL: MANUFACTURED FROM D6006-129  
FINISHED LENGTH = 124.362±0.020
- 2) FINISH: a) CHEMICAL CONVERSION COAT PER DART QSI 005 4.1  
b) PRIME INSIDE AND OUTSIDE PER DART QSI 005 4.2  
c) MASK UNDERSIDE OF CROSSTUBE AS SHOWN (ZN C6-2 / C6-3, HATCHED AREA)  
d) PAINT OUTSIDE PER DART QSI 005 4.2  
e) REMOVE MASKING AND APPLY MATTE CLEAR COAT
- 3) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED.
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED.
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX.
- 6) IDENTIFICATION: SCRIBE DART PART NUMBER "D212-664-XXX" AND BATCH NUMBER ON INSIDE OF CUFF USING VIBRATING STYLUS.
- 7) WEIGHT: D212-664-241/-241B = 44.2 lbs
- 8) PART IS SYMMETRIC ABOUT CENTERLINE.
- 9) EXTREME CARE MUST BE TAKEN TO PROTECT THE OUTSIDE SURFACE OF THE TUBE. THE OUTSIDE SURFACE MUST BE SMOOTH AND FREE FROM SURFACE DEFECTS SUCH AS SCRATCHES, NICKS, OR DENTS. DEFECTS UP TO 0.005" MAY BE BLENDED OUT LONGITUDINALLY. CIRCUMFERENTIAL GRIND MARKS ARE UNACCEPTABLE.

#### MACHINING

- 10) RUN CUTTER OFF PART. BLEND OUT EDGE LONGITUDINALLY, TRANSITION SHOULD BE SMOOTH.

#### BENDING

- 11) BEND PROGRESSIVELY WITH A MINIMUM OF 5 PASSES. MAXIMUM TUBE FLATTENING DUE TO BENDING IS 7.2% (BASED ON O.D.) IN LOWER HALF OF R35.5 BEND AND 6% (BASED ON O.D.) ON REMAINING TUBE.
- 12) LIQUID PENETRANT INSPECT OUTSIDE SURFACE OF CROSSTUBE PER QSI 038.

#### ASSEMBLY

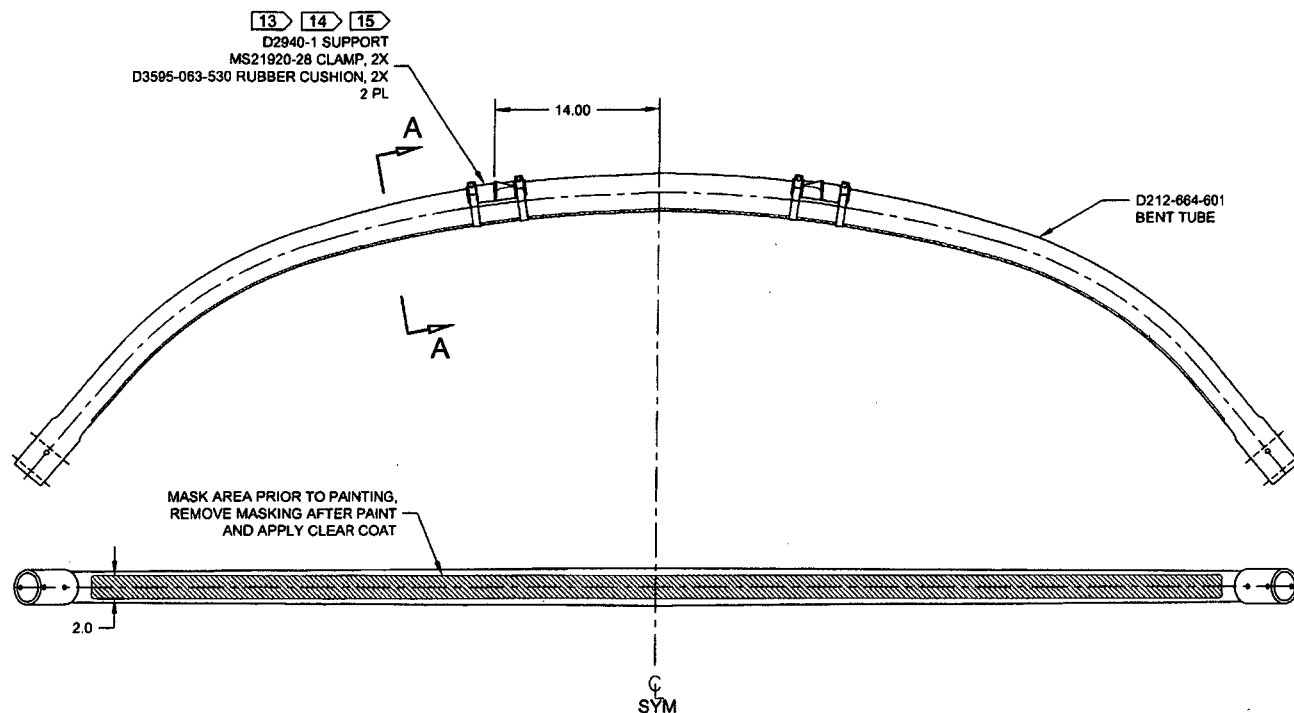
- 13) INSTALL D2940-1 / D5018-1 SUPPORT: ABRASE MATING SURFACE OF SUPPORT AND CROSSTUBE WITH 180-GRIT SANDPAPER AND REMOVE RESIDUE WITH MEK (OR EQUIVALENT). APPLY A 0.04" TO 0.07" THICK LAYER OF PROSEAL 890 CLASS B-2 (OR AMS-S-8802 CLASS B-2) SEALANT TO MATING SURFACE OF SUPPORT.
- 14) INSTALL MS21920-28 CLAMPS (OR -30) WITH D3595-063-530 RUBBER CUSHIONS TO SECURE THE SUPPORT ON TOP SIDE OF THE CROSSTUBE. ENSURE CLAMPS ARE ON TOP SIDE OF CROSSTUBE.
- 15) TORQUE CLAMPS 80 TO 100 IN.-LB. ENSURE AT LEAST 1.5 THREADS SHOWING IN SAFETY AND THAT NUT HAS NOT BOTTOMED-OUT AFTER TORQUING. PRIOR TO PACKAGING, RE-CHECK TORQUE ON CLAMPS AFTER PROSEAL 890 SEALANT HAS CURED FOR 72 HOURS.

RELEASED  
2014-05-26

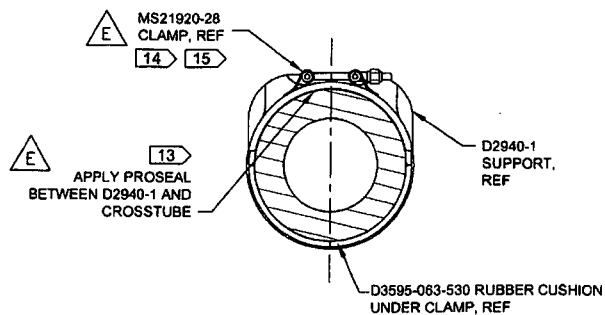
20150828

|            |                                                                                                                                                                                                                                                                                                 |    |          |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------|
| E          | D5018-1 WAS D2940-1 (-241B), PROSEAL WAS MAGNOBOND, NOTE 2: ADD INSPECTION WINDOW, NOTE 11: ALLOW 7.2% CRUSH, NOTE 15: ADD 72HR CURE AND RETORQUE FOR PROSEAL, ADD SHEET 3, CLAMPS REVERSED TO PREVENT CHAFING (ZN B7-2, B7-3), BEND HEIGHT TOL. NOW 0.25 WAS 0.13 (C1-4), INCORP DEO D-1/-2    | CP | 14.04.01 |
| D          | REFORMAT/REVISE GENERAL NOTES/PART LIST; REORGANIZED VIEWS AND REFORMATTED DRAWING TO CURRENT STANDARDS; ADD -241B (ZN D4-2, B4-2); REMOVED REF & ADD TOLERANCES (ZN D8-3 & C4-3, C6-3 & A8-3); RELOCATED FLAG #6 PER PAR 08-045 (ZN A5-3); MOVED TURNING DETAIL & UPDATED TOLERANCE TO SHEET 4 | RF | 09.09.30 |
| C          | REMOVE -1009 ABRASION STRIP; ADD MAGNOBOND 8398, CUSHION, REVERSE CLAMPS                                                                                                                                                                                                                        | PH | 07.03.08 |
| B          | ADD HOLES FOR COMPATABILITY WITH BHT/AA SKIDTUBES                                                                                                                                                                                                                                               | PH | 05.02.04 |
| A          | NEW ISSUE                                                                                                                                                                                                                                                                                       | CP | 00.12.12 |
| REV.       | DESCRIPTION                                                                                                                                                                                                                                                                                     | BY | DATE     |
| DESIGN     | DP                                                                                                                                                                                                                                                                                              |    |          |
| DRAWN      | DP                                                                                                                                                                                                                                                                                              |    |          |
| CHECKED    | DW                                                                                                                                                                                                                                                                                              |    |          |
| MFG. APPR. | JAN                                                                                                                                                                                                                                                                                             |    |          |
| APPROVED   | JAN                                                                                                                                                                                                                                                                                             |    |          |
| DE APPR.   | JAN                                                                                                                                                                                                                                                                                             |    |          |
| DATE       | 14.04.01                                                                                                                                                                                                                                                                                        |    |          |

|                                                                                                                                                                                                                                                                          |                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| <b>DART AEROSPACE LTD</b><br>HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                 |                        |
| DRAWING NO.<br>D212-664-241                                                                                                                                                                                                                                              | REV. E<br>SHEET 1 OF 5 |
| TITLE<br>CROSSTUBE ASS'Y (205/212 HI AFT)                                                                                                                                                                                                                                | SCALE<br>NTS           |
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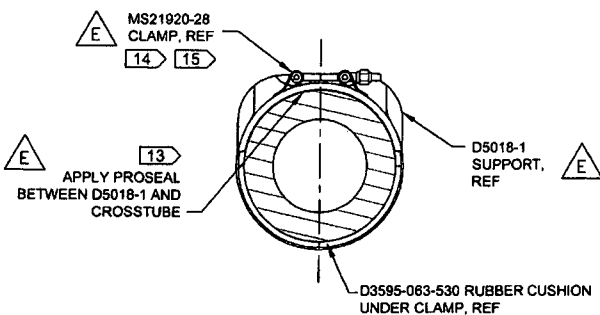
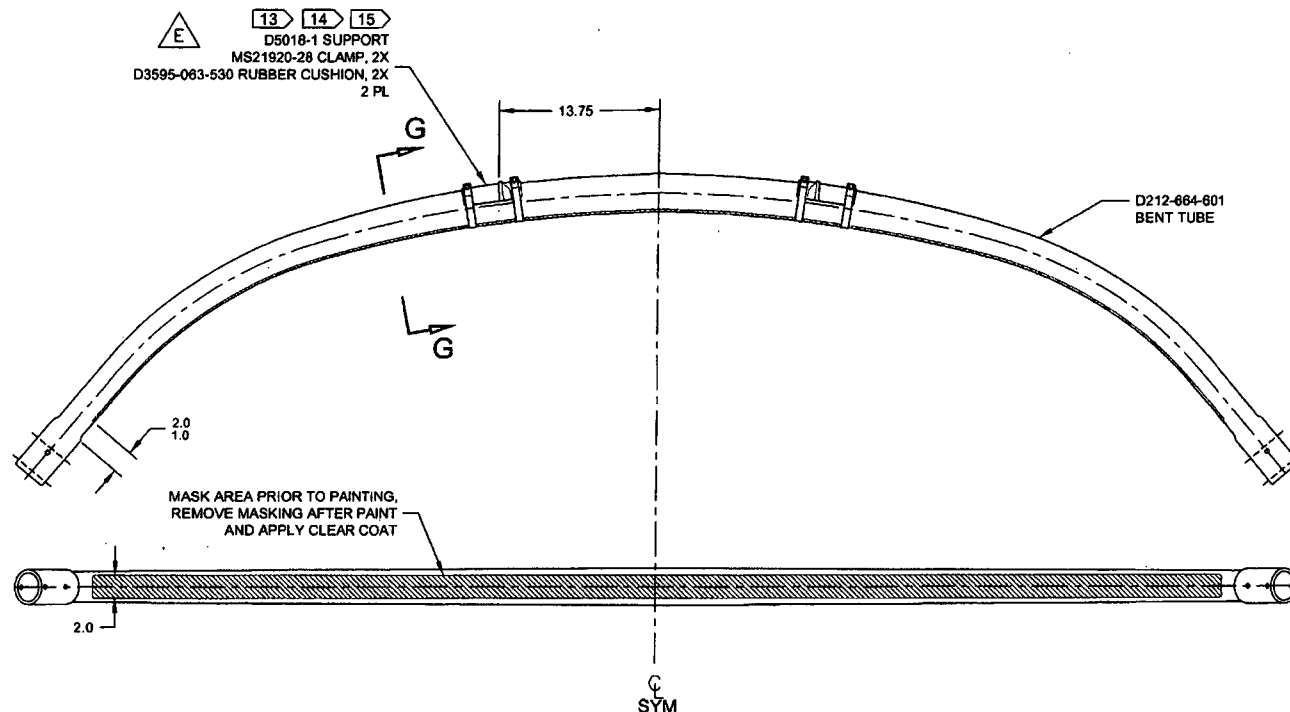
**D212-664-241  
ASSEMBLY DETAIL**



**SECTION A-A  
SCALE 4X**

**RELEASED**  
2014-05-26

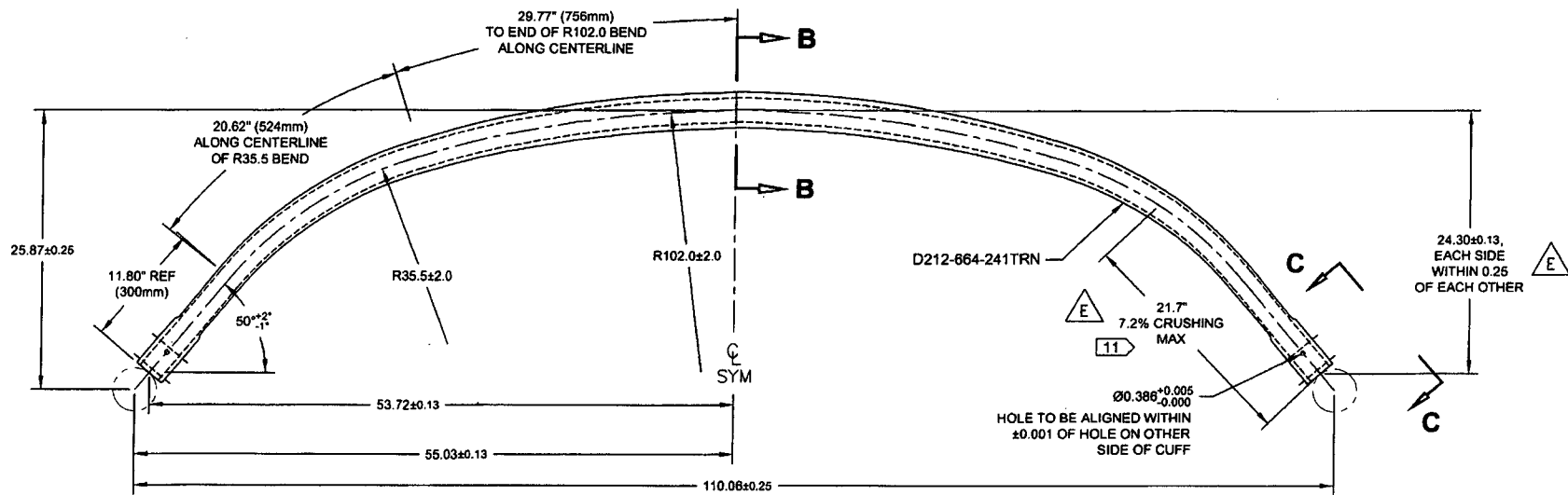
|            |          |                                                                                                                                                                                                                                                                                              |              |
|------------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN     | 90       | <b>DART AEROSPACE LTD</b>                                                                                                                                                                                                                                                                    |              |
| DRAWN      | 90       | HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                                                                  |              |
| CHECKED    | SLJ      | DRAWING NO.                                                                                                                                                                                                                                                                                  | REV. E       |
| MFG. APPR. |          | D212-664-241                                                                                                                                                                                                                                                                                 | SHEET 2 OF 5 |
| APPROVED   |          | TITLE                                                                                                                                                                                                                                                                                        | SCALE        |
| DE APPR.   |          | CROSSTUBE ASS'Y (205/212 HI AFT)                                                                                                                                                                                                                                                             | NTS          |
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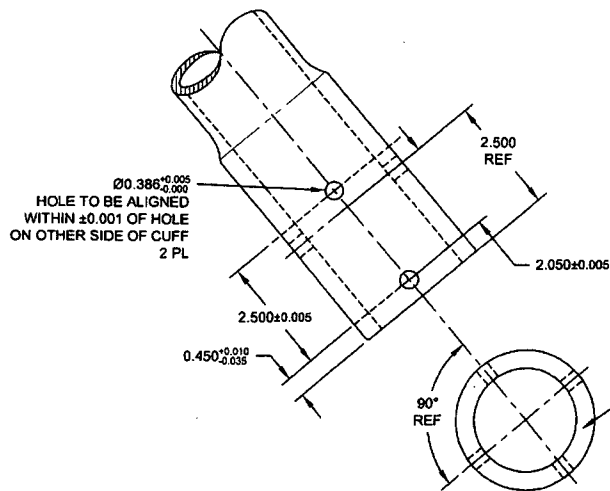
**D212-664-241B  
ASSEMBLY DETAIL**

**RELEASED**  
2014-05-26

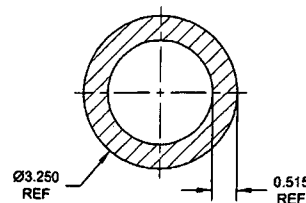
|            |           |                                                                                                                                                                                                                                                                                        |              |
|------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN     | <i>JP</i> | <b>DART AEROSPACE LTD</b>                                                                                                                                                                                                                                                              |              |
| DRAWN      | <i>JP</i> | HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                                                            |              |
| CHECKED    | <i>DL</i> | DRAWING NO.                                                                                                                                                                                                                                                                            | REV. E       |
| MFG. APPR. | <i>JS</i> | D212-664-241                                                                                                                                                                                                                                                                           | SHEET 3 OF 5 |
| APPROVED   | <i>MT</i> | TITLE                                                                                                                                                                                                                                                                                  | SCALE        |
| DE APPR.   | <i>MT</i> | CROSSTUBE ASS'Y (205/212 HI AFT)                                                                                                                                                                                                                                                       | NTS          |
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**D212-664-601** 11  
**BENDING AND DRILLING DETAIL**



**VIEW C-C: CUFF DETAIL**  
 SCALE 3X



**SECTION B-B**  
 SCALE 4X

**RELEASED**  
 2014-05-26  
*WMD*

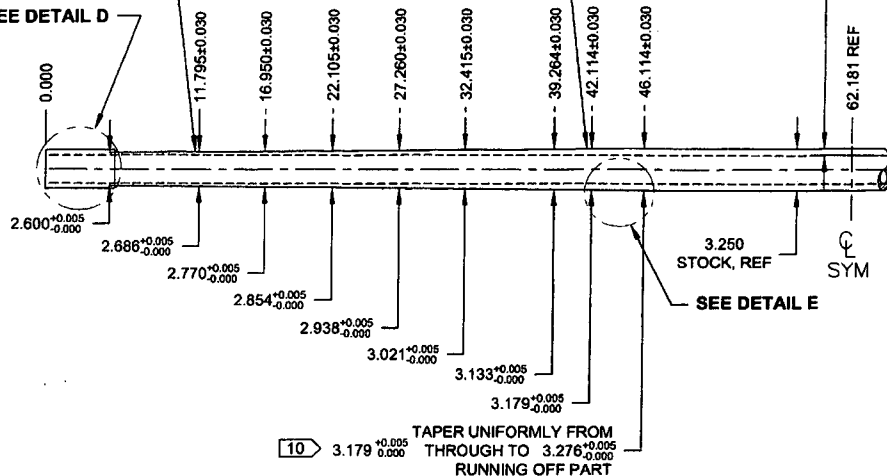
|            |          |                                                                                                                                                                                                                                                                                                   |              |
|------------|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN     | <i>Q</i> | <b>DART AEROSPACE LTD</b>                                                                                                                                                                                                                                                                         |              |
| DRAWN      | <i>Q</i> | HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                                                                       |              |
| CHECKED    | <i>Q</i> | DRAWING NO.                                                                                                                                                                                                                                                                                       | REV. E       |
| MFG. APPR. | <i>Q</i> | D212-664-241                                                                                                                                                                                                                                                                                      | SHEET 4 OF 5 |
| APPROVED   | <i>Q</i> | TITLE                                                                                                                                                                                                                                                                                             | SCALE        |
| DE APPR.   | <i>Q</i> | CROSSTUBE ASS'Y (205/212 HI AFT)                                                                                                                                                                                                                                                                  | NTS          |
| DATE       | 14.04.01 | <small>COPYRIGHT © 2008 BY DART AEROSPACE LTD<br/>         THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small> |              |

R100.0 TRANSITION  
BETWEEN TAPERED  
SECTIONS

R100.0 TRANSITION  
BETWEEN TAPERED  
SECTIONS

0.515 WALL  
STOCK, REF

SEE DETAIL D



SEE DETAIL E

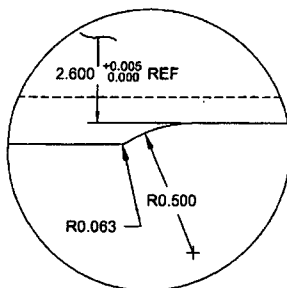
10  
30° X 0.500 DEEP  
CHAMFER

R0.063

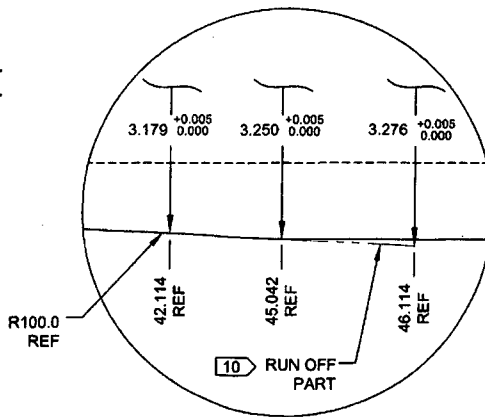
SEE DETAIL F

DETAIL D:  
CROSSTUBE CUFF  
SCALE 5X

**D212-664-241TRN  
TURNING DETAIL**



**DETAIL F:  
CUFF TRANSITION**  
SCALE 10X



**DETAIL E:  
TAPER RUN-OFF**  
NOT TO SCALE

**RELEASED**  
2014-05-26

|            |          |                                                                                                                                                                                                                                                                            |              |
|------------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN     |          | <b>DART AEROSPACE LTD</b>                                                                                                                                                                                                                                                  |              |
| DRAWN      |          | HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                                                |              |
| CHECKED    |          | DRAWING NO.                                                                                                                                                                                                                                                                | REV. E       |
| MFG. APPR. |          | D212-664-241                                                                                                                                                                                                                                                               | SHEET 5 OF 5 |
| APPROVED   |          | TITLE                                                                                                                                                                                                                                                                      | SCALE        |
| DE APPR.   |          | CROSSTUBE ASS'Y (205/212 HI AFT)                                                                                                                                                                                                                                           | NTS          |
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## 212-664-201 "Folio"

### Batch#:

### Setup

Rollers 3.25 x 3 \*\*\*\*without spacers\*\*\*...

Large Table, Shims 1.85" for SA bend, shims 1.7" for SB bend (new buggy)/adjust supporting rollers as required.

From cuffs, mark tube @ 32.1875 & **35.1875 RED** and center line

### Middle Bend

Start bending on 32.1875 line w/tube on LARGE TABLE. Approach from this line is **2775 on both Y&W**. Use programs middleauto2.

SEE NOTES (14/04/09) FOR INSTRUCTIONS ON BENDING MIDDLES

### Side bends

Start bending on **35.1875** line with long part of tube on LARGE TABLE. approach of Y **1900 W 3735**

Run programs s01-s05 without stopping, CHECK, then s06 to 16 to finish. CHECK between each program..

Approach for Prog s06 to s16 is Y 2190 and W 3735

---

### **CHANGED 35.187 LINE TO 34.9, did not work! DP 11-8-11**

**11/11/02** tried new tangent line today. tube was far too high. nearly scrapped. 24.75 on one side, 24.5625 on the other. max tolerance is 24.43. jw

**12/05/29** NOW USING ORIGINAL TANGENT LINES AGAIN

**14-03-10** bent 4 tubes, all were on reference lin for middle bend. all tubes turned out too high, next time, try underbending muddles by approx 1/16" to try to achieve nominal measurement on height and span. tubes were finishing at program 8 - JW

**14-04-09** removed points and re-adjusted "x" movement on program middleauto. RENAMED middleauto2. this underbent middles by aprox 0.0625"-0.125" then ran 1-5 CHECK, 5c, 6, 7, 8 checking between each. this has fixed height and tubes were finishing closer to nominal measurements. program "middleauto" is still in system as a failsafe.

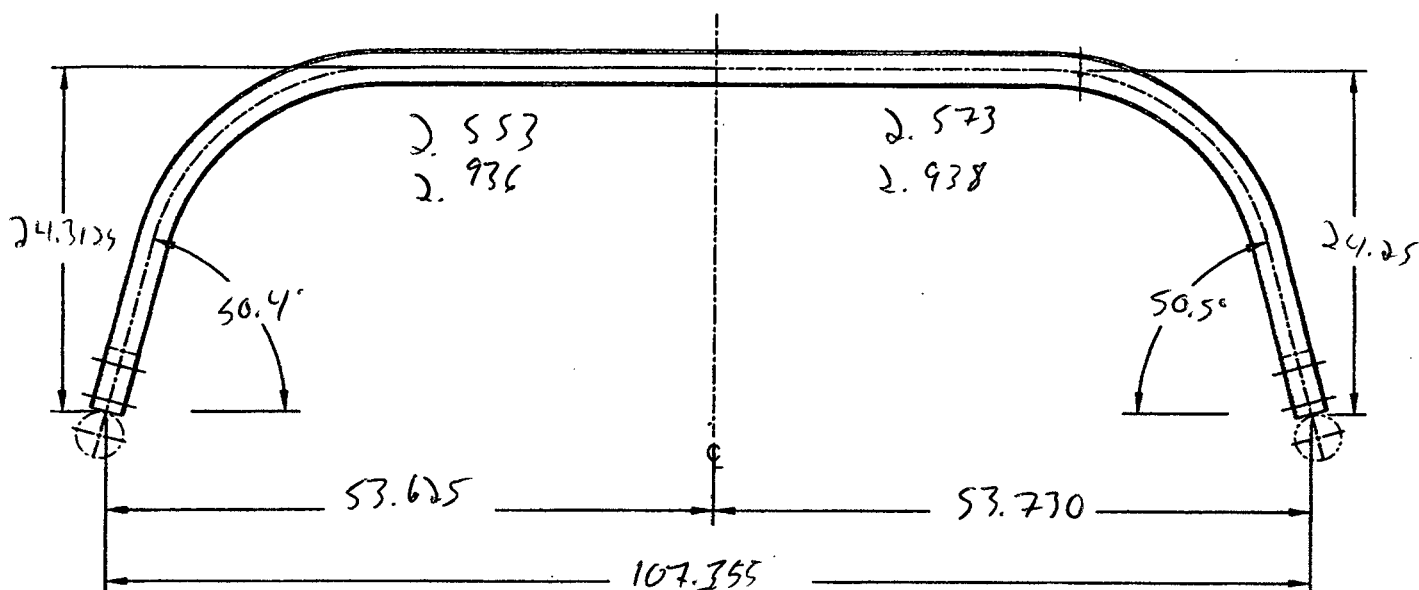
### Passes:

Auto 2

|    |    |
|----|----|
| 1  | 1  |
| 2  | 2  |
| 3  | 3  |
| 4  | 4  |
| 5  | 5  |
| 6  | 6  |
| 7  | 7  |
| 8  | 8  |
| 9  | 9  |
| 10 | 10 |
| 11 | 11 |
| 12 | 12 |
| 13 | 13 |
| 14 | 14 |
| 15 | 15 |

|                                                   |  |                     |              |
|---------------------------------------------------|--|---------------------|--------------|
| <b>DART AEROSPACE LTD</b>                         |  | <b>Work Order:</b>  | 136083       |
| <b>Description:</b> Crosstube High Aft (205/212)  |  | <b>Part Number:</b> | D212-664-201 |
| <b>Inspection Dwg:</b> D212-664-241 <b>Rev:</b> E |  | <b>Page 1 of 1</b>  |              |

| Required Dimension | Min    | Max    |
|--------------------|--------|--------|
| Height             | 24.17  | 24.43  |
| 1/2 Span           | 53.59  | 53.85  |
| Angle              | 49     | 52     |
| Total Span         | 107.18 | 107.70 |
| Bending Passes     | 5      | --     |
| Crushing           | --     | 7.2%   |



|                       | Side A | Side B |
|-----------------------|--------|--------|
| <b>Bending Passes</b> | 15     | 16     |
| <b>Crushing</b>       | 7.0%   | 6.6%   |
| <b>Comments</b>       |        |        |
|                       |        |        |
|                       |        |        |
|                       |        |        |
|                       |        |        |

DAS

98

9-89

|                 |          |
|-----------------|----------|
| QC15 Inspection | 25-10-26 |
| Date            |          |

| Rev | Date     | Change                             | Revised by | Approved |
|-----|----------|------------------------------------|------------|----------|
| A   | 07.02.06 | New Issue                          | KJ/JM      |          |
| B   | 07.05.08 | Dimensions updated per Dwg rev. C  | KJ/JLM     |          |
| C   | 10.04.01 | Dwg Rev updated                    | KJ         |          |
| D   | 12.04.16 | Added bending, crushing dimensions | KJ         |          |
| E   | 14.07.08 | Crushing percentage revised        | KJ         |          |



Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID **PO30414**

Purchase Order Date 11/11/2015

PO Print Date 11/12/2015

Page Number 6 of 8

**Order From :**

VC-SKY001

**Ship To :** DART AEROSPACE LTD

SKYSERVICE  
6120 MIDFIELD ROAD  
MISSISSAUGA, ONTARIO L5P 1B1  
CANADA

1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

**Contact Name**

**Vendor Phone**

905-678-5636

**Buyer**

Chantal Lavoie

**Customer POID**

**Customer Tax #**

10127-2607

**Terms**

Net 30

**Currency**

CAD

**FOB**

FCA - (Free Carrier)

**Ship To Contact**

**Ship To Phone**

**Ship Via:**

Delivered

**Ship Acct:**

**Line Total: \$96.50**

15 136083

D212-664-201  
CROSSTUBE

11/12/2015

1.00

\$96.50

\$96.50

Yes

11/12/2015

SAME AS ABOVE

*SP15-11-12*

**Line Total: \$96.50**

16 136084

D212-664-201  
CROSSTUBE

11/12/2015

1.00

\$96.50

\$96.50

Yes

11/12/2015

SAME AS ABOVE

**Line Total: \$96.50**

17 136085

D212-664-201  
CROSSTUBE

11/12/2015

1.00

\$96.50

\$96.50

Yes

11/12/2015

SAME AS ABOVE

**Note:**

11/12/2015



**skyservice****Work Order Traveler**

Sky Service F.B.O. Inc.

DOT APP 53-89 / EASA 145.7142 / BDA AMO 385

|                          |                                      |                      |                         |
|--------------------------|--------------------------------------|----------------------|-------------------------|
| <b>WO #:</b> MWO26386    | <b>Customer:</b> Dart Aerospace Ltd. | <b>Dept:</b> NDT YUL | <b>Reference:</b> 30414 |
| <b>Descr:</b>            | <b>PN:</b>                           | <b>S/N:</b>          | <b>Qty:</b> 1           |
| <b>Make:</b>             | <b>Model:</b>                        | <b>Reg:</b>          | <b>A/C S/N:</b>         |
| <b>TSN:</b>              | <b>CSN:</b>                          | <b>TSO:</b>          |                         |
| <b>Task: UNSCHEDULED</b> |                                      |                      | <b>Sequence:</b> 1      |

**Work Required:**

CARRY OUT NDT ON 18 CROSSTUBES AND 4 RAPPEL SLIDE BARS AS PER PO30414

4 RAPPEL SLIDE BARS, ITEM ID# D3011-1, WORK ORDER ID# 136063

8 FWD CROSSTUBES, ITEM ID# D212-664-101, WORK ORDER ID# 138548, 136075, 138547, 138549, 138551, 138614, 138550, 138615

7 AFT CROSSTUBES, ITEM ID# D212-664-201, WORK ORDER ID# 136085, 136081, 136083, 130376, 136082, 136084, 130375

3 FWD CROSSTUBES, ITEM ID# D206-667-101, WORK ORDER ID# 135128, 135129, 135130

| <b>Action Taken:</b>                                                                                                                |          |     |             |       |         | <b>Date:</b> | <b>Initial/Stamp:</b> |
|-------------------------------------------------------------------------------------------------------------------------------------|----------|-----|-------------|-------|---------|--------------|-----------------------|
| LPI C/O IAW ASTM E-1417M13<br><br>NO CRACK FOUND<br><br>PEN. ZL-56, MPO13600, UV M-20141, CLEANER SKC-S MPO13923 ,<br>DEV. MPO11715 |          |     |             |       |         | NOV 11 2015  |                       |
| Description                                                                                                                         | Location | P/N | Qty         | Batch | S/N Off | S/N On       |                       |
|                                                                                                                                     |          |     | DAS         |       |         |              |                       |
|                                                                                                                                     |          |     | 38          |       |         |              |                       |
|                                                                                                                                     |          |     | 99          |       |         |              |                       |
|                                                                                                                                     |          |     | NOV 12 2015 |       |         |              |                       |
|                                                                                                                                     |          |     |             |       |         |              |                       |
|                                                                                                                                     |          |     |             |       |         |              |                       |
|                                                                                                                                     |          |     |             |       |         |              |                       |

I certified that the maintenance described above has been performed in accordance with the applicable standard of airworthiness.

|                            |                          |                             |
|----------------------------|--------------------------|-----------------------------|
| <b>Signature:</b>          | <b>ACA/SCA Stamp</b><br> | <b>Date:</b><br>NOV 11 2015 |
| <b>Name:</b> RAFIK DEYKIAN |                          |                             |